

410 30238

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8	1		1			
9		1		1		
10		2		1		
11		2		1		
12		3		1		
13		4		1		
14		5		1		
15		6		1		
16		7		1		
17		8		1		
18		9		1		
19		10		1		
20	1		1			
21		1		1		
22		2		1		
23		3		1		
24		4		1		
25		5		1		
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28		8		1		
29		9		1		
30		10		1		
31		11		1		
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37		17		1		
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43		23		1		
44		24		1		
45		25		1		
46		26		1		
47		27		1		
48		28		1		
49		29		1		
50		30		1		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	35	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						